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Dt (6/27/05)

Docket No.: 044084-0326

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Customer Number: 20277
Eiichi YOSHIDA, et al. : Confirmation Number: 7422
Application No.: 09/161,277 : Group Art Unit: 2624
Filed: September 28, 1998 : Examiner: Tran, D.
For: IMAGE FORMING APPARATUS AND TERMINAL DEVICE CONNECTED
TO NETWORK

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The following amendment and remarks are submitted in response to the Decision On
Appeal mailed January 28, 2005.

Applicant:	Etsuchi YOSHIDA, et al.			Docket No.:	044084-0326		
Title:	IMAGE FORMING APPARATUS AND TERMINAL DEVICE CONNECTED TO NETWORK			Serial/Reg./Patent No.:	09/161,277		
Date Sent:	3/23/2005	<input checked="" type="checkbox"/> Hand Carried	<input type="checkbox"/> Fax	<input type="checkbox"/> Electronic	<input type="checkbox"/> Cert. of Mailing	<input type="checkbox"/> First Class Mail	<input type="checkbox"/> Express Mail No. _____
Transmittal Letter				<input type="checkbox"/> CIP	<input type="checkbox"/> Div.	<input type="checkbox"/> PCT	<input type="checkbox"/> RCE
New Patent App	<input type="checkbox"/>	<input type="checkbox"/> Utility	<input type="checkbox"/> Design	<input type="checkbox"/> Cont.	<input type="checkbox"/> RCE	<input type="checkbox"/> Prov	<input type="checkbox"/> Letter submitting _____ pages of drawings
Other:				<input type="checkbox"/>	<input type="checkbox"/> Req. for Approval of Drawing Amendments		
Pages of Specification _____							
pages of Claims _____							
pages of Abstract _____							
pages of Formal/Informal Drawings _____							
<input type="checkbox"/> Small Entity	<input type="checkbox"/> Large Entity			<input type="checkbox"/> Req. for Acknowledgement of Cited Art			
<input type="checkbox"/> Declaration/Power of Attorney				<input type="checkbox"/> Issue Fee			
<input type="checkbox"/> Recordation of Assignment/Security Agreement				<input type="checkbox"/> Publication Fee			
<input type="checkbox"/> Information Disclosure Statement				<input type="checkbox"/> Req. for Certificate of Correction			
Form PTO 1449 _____							
copies of cited references _____							
<input type="checkbox"/> Preliminary Amendment				<input type="checkbox"/> Maintenance Fee for _____ years after grant			
<input type="checkbox"/> Response to Missing Parts Notice				<input type="checkbox"/> Fee Address Indication Form			
<input type="checkbox"/> Resp. to Notice to Correct App. Papers				<input type="checkbox"/> Terminal Disclaimer			
<input type="checkbox"/> Certified Copy of Priority Doc.				<input type="checkbox"/> Petition to Commissioner			
<input type="checkbox"/> Claim for Convention Priority				<input type="checkbox"/> Status Inquiry			
<input type="checkbox"/> Response/Amendment to Office Action of	<input type="checkbox"/> Request for month Extension of Time _____			<input type="checkbox"/> Other _____			
<input type="checkbox"/> Check for \$ _____	<input type="checkbox"/> Change Deposit Acct. 500417			\$ -0-	<input type="checkbox"/> Atty Init	<input type="checkbox"/> EJW	<input type="checkbox"/> Tkp. # 4237 Secy. or PL: CCollins
CMS Descip.: _____							

THE PATENT AND TRADEMARK OFFICE DATE STAMPED HEREON IS ACKNOWLEDGEMENT THAT THE ITEMS, CHECKED ABOVE, WERE RECEIVED BY THE PTO ON THE DATE STAMPED.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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For: IMAGE FORMING APPARATUS AND TERMINAL DEVICE CONNECTED TO NETWORK

Mail Stop No Fee
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

- No additional fee is required.
 Applicant is entitled to small entity status under 37 CFR 1.27
 Also attached:

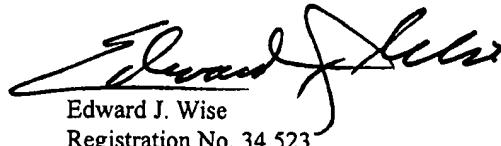
The fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	1	20	0	\$50.00 =	\$0.00
Independent Claims	1	6	0	\$200.00 =	\$0.00
Multiple claims newly presented					\$0.00
Fee for extension of time					\$0.00
					\$0.00
Total of Above Calculations					\$0.00

- Please charge my Deposit Account No. 500417 in the amount of \$0.00. An additional copy of this transmittal sheet is submitted herewith.
- The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment, to Deposit Account No. 500417, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

McDERMOTT WILL & EMERY LLP



Edward J. Wise
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 Facsimile: 202.756.8087
 Date: March 23, 2005

Please recognize our Customer No. 20277 as our correspondence address.